

## **Law Enforcement Officer Death Benefit Application Procedures**

Chapter 912 of the 2006 Public Acts creates a \$25,000 death benefit for certain law enforcement officers killed in the line of duty. Codified at Tennessee Code Annotated § 7-51-208, this act became effective on July 1, 2006.

In order to be eligible for this benefit, each of the following criteria must be met:

1. The deceased must have been an employee of a municipality or political sub-division of the State of Tennessee.
2. The deceased must have been a law enforcement officer with such department. Law enforcement officer means the sheriff, sheriff's deputies, or any police officer employed by the municipality or political sub-division of the State of Tennessee.
3. The deceased's primary responsibility must have been the prevention and detection of crime and the apprehension of offenders.
4. The death must have occurred as a result of the actual discharge of the duties of the position of law enforcement officer.

To receive the benefit conferred by this statute, the executor, administrator or other appropriate representative of the estate of a law enforcement officer in the line of duty must apply to the Commissioner of the Department of Commerce and Insurance.

The application for the benefit shall include the following documentation:

1. A cover letter from the applicant requesting the benefit;
2. Proof that the applicant is authorized to act on behalf of the deceased law enforcement officer's estate (e.g., letters testamentary or letters of administration);
3. A notarized and signed affidavit from an appropriate local government official or the sheriff or chief of police of the deceased law enforcement officer's department containing the following:
  - a) Confirmation of the deceased's employment status as a law enforcement officer, as defined by Chapter 912 of the 2006 Public Acts, required to prevent and detect crime and apprehend offenders,
  - b) Police or Sheriff's department name,
  - c) Date of death, and

- d) A statement that the law enforcement officer's death occurred as a result of the discharge of responsibilities in the line of duty;
- 4. A true copy of the deceased's death certificate or, in the Commissioner's or her designee's discretion, a copy of a true copy.

The application and documentation should be sent to:

Commissioner  
c/o Robert Wright, Chief of Fiscal Services  
Department of Commerce & Insurance  
Fiscal Services Division  
Davy Crockett Building, 11<sup>th</sup> Floor  
500 James Robertson Parkway  
Nashville, Tennessee 37243  
Phone: (615) 532-0521

Questions or concerns about the law enforcement officer death benefit should be directed to the Department's Chief of Fiscal Services, Robert Wright, at 615-532-0521  
[Robert.Lee.Wright@tn.gov](mailto:Robert.Lee.Wright@tn.gov).

**AFFIDAVIT**

**STATE OF TENNESSEE** )  
**COUNTY OF** \_\_\_\_\_ )

I, \_\_\_\_\_, do hereby certify that  
*(printed name of police chief, sheriff, or other appropriate local government official)*

\_\_\_\_\_ was a law enforcement officer (as defined by Chapter  
*(printed name of deceased police officer, sheriff, or sheriff's deputy)*

912 of the 2006 Public Acts) of the \_\_\_\_\_. I further  
*(name of the deceased law enforcement officer's department)*

certify that \_\_\_\_\_ was required to prevent and detect  
*(printed name of deceased law enforcement officer)*

crime and apprehend offenders, and his/her death occurred on the \_\_\_\_ day of \_\_\_\_\_

in the year of \_\_\_\_\_ as a result of the actual discharge of duties of the position of law enforcement  
officer.

\_\_\_\_\_  
Signature of Police Chief, Sheriff, or  
Other Appropriate Government Official

\_\_\_\_\_  
Date

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_.

Please attach the following documents:  
Copy of the deceased's death certificate